

*New Jersey Department of Environmental Protection  
Dental Amalgam Program*

Dear Dentist:

The NJ Department of Environmental Protection (Department) has proposed new regulations and permits that are designed to curtail the release of mercury from dental facilities into the environment. This regulatory program will require dentists to make certain changes in how they dispose of dental amalgam. The Department has worked closely with the New Jersey Dental Association (NJDA) on the development of these requirements. The program is scheduled to be adopted in October of this year however the more critical requirements will be phased in over a two-year period. Since dentists discharge their wastes in a variety of ways, we have developed a survey that will allow us to identify the appropriate regulatory requirement for your facility. **The Department requests that the dentist in charge of the practice complete the attached survey.**

Generally, wastewater discharged from a dental facility is directed to one of three areas:

- a **sanitary sewer system** connected to a publicly owned sewage treatment plant;
- a State-permitted discharge facility, such as a strip mall with its own wastewater treatment system, operating under a **State-issued NJPDES permit**; or
- an onsite wastewater treatment system, commonly called a **septic system**.

If you are located in an office building or shopping center you may need to discuss the survey with your landlord. Following the completion of the survey, the Department will send you further information about the appropriate regulatory requirements for your facility. You may also contact the NJDA for more information.

Please complete the attached survey, and return the survey to in the pre-addressed envelope provided:

*NJDEP  
Division of Water Quality  
Bureau of Pretreatment and Residuals  
401 East State Street, P.O. Box 029  
Trenton, NJ 08625*

Please be aware that this is a mandatory survey and that failure to respond to this survey is a violation of the New Jersey Water Pollution Control Act.

Questions regarding this survey should be directed to Mr. Richard Delgado, P.E., at 609-633-3823.

Sincerely,

Mary Jo M. Aiello, Chief  
Bureau of Pretreatment and Residuals  
Division of Water Quality

Barry Chalofsky, P.P., Chief  
Bureau of Nonpoint Pollution Control  
Division of Water Quality



**MANDATORY SURVEY – RESPONSE REQUIRED**

**Dental Wastewater Survey**

**1. Does a dental practice currently operate at this facility?**

☐ Yes      ☐ No

**If yes, please continue with survey. If no, please sign and return.**

**2. Type(s) of dentistry practiced at this facility (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> General Dentistry              | <input type="checkbox"/> Oral and Maxillofacial Radiology |
| <input type="checkbox"/> Orthodontics                   | <input type="checkbox"/> Oral and Maxillofacial Pathology |
| <input type="checkbox"/> Periodontics                   | <input type="checkbox"/> Other (specify)_____             |
| <input type="checkbox"/> Endodontics                    | _____   |
| <input type="checkbox"/> Oral and Maxillofacial Surgery |   |

**3. General Information:**

Name of Owner (dentist in charge) & License No.:	Name of Dental Facility:
Street Address/Actual Location of Dental Facility:	Mailing Address of Dental Facility ( <i>if different from street address</i> ):
City or Town:	City or Town:
Municipality Code (see attachment):	County:
County:	State:
Zip Code:	Zip Code:
Phone Number of Dental Facility:	Fax Number of Dental Facility:
Name of Dental Facility Contact:	Phone Number of Dental Facility Contact:
Email Address of Dental Facility Contact:	

**4. Do you own the premises (building/land at which the practice is located) or are you a tenant?**

☐ Own

☐ Rent/Lease as tenant

**If you rent/lease as a tenant:**

Name of Owner of Premises:	Mailing Address of Owner of Premises:
Phone Number of Owner of Premises:	City or Town:
Fax Number of Owner of Premises:	State:
Email Address of Owner of Premises:	Zip Code:

**5. Where is the wastewater/sewage that is generated at the dental facility discharged?**

*(Circle one, complete as necessary. If you are a tenant, you may obtain this information from the owner of the premises.)*

a) Sanitary Sewer System. Name of Sewerage Authority: \_\_\_\_\_  
*(If you pay a sewer bill or have a sewer assessment included in your tax bill, circle this answer.)*

b) NJPDES Permit No. NJ0 \_\_\_\_\_

c) Septic System

**6. Listing of other dentists that practice at this facility** *(attach additional sheets if necessary)*

Dentist Name	License Number

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there may be significant penalties for submitting false information, including the possibility of fines.*

Name of Dentist in Charge (please print)	Signature of Dentist in Charge	Date

**Please mail completed survey to: NJDEP, Division of Water Quality, Bureau of Pretreatment and Residuals  
401 East State Street, P.O. Box 029, Trenton, NJ 08625**